

March 1st, 2018

Chairmen Scanlon, Larson, Kelly, Vice Chairs, Ranking Member, and Members of the Insurance & Real Estate Committee:

Thank you for the opportunity to testify today in favor of **House Bill 5208 An Act Concerning Mammograms, Breast Ultrasounds and Magnetic Resonance Imaging of Breasts**. I believe the provisions offered in this bill would make both vital improvements to current preventive screenings for breast cancer and its related billing system.

In 1998 at the age of thirty-five, I had a baseline mammogram which showed abnormalities. To get a clearer picture, I had a second one, which yielded similar results. A third mammogram followed and if abnormalities were still present, a biopsy would be performed. Fortunately, the third mammogram yielded normal results. At no time during this process was I informed that I had dense breast tissue. I was simply told that the mammogram showed abnormalities that warranted a second look.

After my annual mammogram in 2005, abnormalities appeared again. I went back for a follow up to rule out any risks. At this time, I was informed that I had dense breast tissue. When I questioned why this had never been disclosed to me, I was told that “physicians were not required to inform patients of this condition because no further testing would be covered through insurance.” This was alarming to me. I should have been given all of the information about my condition so I could make the best health care choice. The decision to have additional testing, regardless of out-of-pocket expenses, should have been mine. It should not have been dictated by physicians or insurance companies. When abnormalities still appeared, an ultrasound was finally ordered to rule out any possibility of cancer.

For years, I paid co-pays for ultrasounds - a small price to pay for piece of mind. Under my current HSA plan, the cost of my ultrasounds is applied towards my deductible. While my mammograms are considered preventive, the ultrasounds are not. They are coded as diagnostic. I am billed for them and they are applied towards my deductible.

It is difficult for a mammogram, alone, to detect breast cancer in patients with dense tissue. Therefore, it should not be used exclusively to rule out potential risks. However, if ultrasounds have been deemed an effective screening tool for breast cancer, especially in patients with dense tissue, shouldn't they be coded as preventive and not diagnostic? The benefits far outweigh the cost.

In 2009, Connecticut passed legislation to notify patients of dense breast tissue under the leadership of Governor Jodi Rell. Passing House Bill 5208 would be the next step in ensuring fair health care coverage for a proven preventive measure.

Again, I am grateful for the opportunity to share my experiences as a patient with you today. Thank you for listening and your consideration of this important legislation. I hope that you will be supportive.

Pauline C. Palladino
Torrington, CT